

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004056

1. Entity Name

IVI INGENICO INC.

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90006 033 \*\*\*550.00

Principal Place of Business

2655 LE JEUNE ROAD, SUITE 201  
 CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD, SUITE 201  
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1780883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.  
 9200 S. DADELAND BLVD., SUITE 508  
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME CDP  
 STREET ADDRESS COMPAIN, GERARD  
 CITY-ST-ZIP 2655 LE JEUNE ROAD, SUITE 201  
 CORAL GABLES FL 33134 ☐ Delete

TITLE  
 NAME D  
 STREET ADDRESS THOMSON, L. BARRY  
 CITY-ST-ZIP 2655 LE JEUNE ROAD, SUITE 201  
 CORAL GABLES FL 33134 ☐ Delete

TITLE  
 NAME S  
 STREET ADDRESS MACCARTHY, KEVIN  
 CITY-ST-ZIP 214 EAST 52ND STREET, 3RD FLOOR  
 NEW YORK NY 10022 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME D/P  
 STREET ADDRESS Mc Neil, George  
 CITY-ST-ZIP 2655 Le Jeune Road, Suite 201  
 Coral Gables FL 33134 ☐ Change ☒ Addition

TITLE  
 NAME D  
 STREET ADDRESS Compain, Gerard  
 CITY-ST-ZIP 2655 Le Jeune Road, Suite 201  
 Coral Gables FL 33134 ☒ Change ☐ Addition

TITLE  
 NAME D  
 STREET ADDRESS Perrazo, Albert  
 CITY-ST-ZIP 2655 Le Jeune Road, Suite 201  
 Coral Gables FL 33134 ☐ Change ☒ Addition

TITLE  
 NAME D/S  
 STREET ADDRESS Guerin, Bruno  
 CITY-ST-ZIP 2655 Le Jeune Road, Suite 201  
 Coral Gables FL 33134 ☐ Change ☒ Addition

TITLE  
 NAME V/P  
 STREET ADDRESS Vinci, Philippe  
 CITY-ST-ZIP 2655 Le Jeune Road, Suite 201  
 Coral Gables FL 33134 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Bruno Guerin

August 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)